Psychiatric Residential Treatment Facility (PRTF) Level I
Provider Type 04
907 KAR 9:005
907 KAR 9:010

Notice to Providers:
• Provider must have an on-site inspection, upon request.

Information about the Program:
• Provider can only be an entity, not an individual.
• Provider must have a primary physical address/location in Kentucky.
• Out-of-state providers may not enroll.
• Provider must obtain a Certificate of Need from the Division of Certificate of Need when located in and providing services in Kentucky.
• In-state providers must contact the Office of Inspector General (OIG) for a survey/license. DMS will not assign a provider number to in-state facilities unless a survey/license has been received.
• Provider may have a provisional license from Office of Inspector General (OIG).

New Provider Application, Revalidation and Maintenance Information:
• All provider applications (new enrollment, revalidations, and maintenance items) are now completed using the **KY Medicaid Partner Portal Application** (KY MPPA website).

Supporting Documentation Required for New Provider Enrollment, Revalidation and Maintenance Tasks:
• An accreditation letter from The Joint Commission or Council on Accreditation (COA) or other CMS approved accreditation programs.
• PRTF I License (must be current and reflect the requested enrollment date)
• Clinical Laboratory Improvement Amendments (CLIA) certificate (if applicable) (must be current and reflect the requested enrollment date)
• Model Attestation Letter per 42 CFR Part 483 Subpart G § 483.350-483.376, outlining the use of restraint and seclusion in psychiatric residential treatment facilities providing inpatient psychiatric services to individuals under age 21
• IRS letter of verification of FEIN or official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
• NPI and Taxonomy Code Verification
• If the provider chooses to enroll in direct deposit, verification of the bank routing/accounting numbers, such as voided check or bank letter, is required.

KY Medicaid Partner Portal Application (KY MPPA):

> **Link to Enroll as a Kentucky Medicaid Provider:**
> https://medicaidsystems.ky.gov/Partnerportal/home.aspx and click *Let's Get Started*

> **Link to the Kentucky Medicaid Partner Portal Application (KY MPPA):**
> https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/mppa.aspx
> > Where providers can:
> > • Register for a KY MPPA account
> > • Access KY MPPA training resources
> > • Register for or view pre-recorded webinars
> > • Subscribe to CHFS email for updates
> > • And so much more